



Application for Employment
(Please print all information clearly in ink)

Thank you for choosing Options for possible employment. It is our policy to make hiring decisions based on individual skills and abilities regardless of race, color, religion, sex, age, national origin, sexual orientation or disability. Should you require any assistance or reasonable accommodation to complete this application or participate in interviews, please make a note on the application or notify the Human Resources Department. Completion of this application does not imply that you will be employed or that you are obligated to accept employment with Options.

This application will remain active for sixty (60) days. If you desire employment after that time, you must submit a new application.

Today's Date: _____ **Desired Position** _____
Month Day Year

Name _____
Last First Middle

Other names you have previously used _____

Address _____
Number Street Apt. City State Zip

Home Phone (_____) _____ **Work Phone** (_____) _____

E-Mail Address _____ **Cell Phone** (_____) _____

Permanent Address _____
 (If different) Number Street Apt. City State Zip

Do you have a legal right to be employed in the U.S.? YES NO

How did you learn about Options?

Options Employee Referral (please tell us the name of the employee who referred you)	
Friend referral	
Family referral	
Other agency	
Advertisement (Where did you see the ad?)	
Options' culture in the community	
Job Fair	
Web page	
School	
Other, please explain	

Have you applied or worked at Options before? YES NO **If yes, when?** _____

Are you 18 or older?(You must be 18 to apply) YES NO

Do you have a current valid driver's license? _____ **Do you have valid auto insurance?** _____

Do you have reliable transportation? _____ (Most positions require use of own vehicle and insurance.)

Employment History: YOU MUST COMPLETE THIS SECTION, EVEN IF YOU ARE INCLUDING A RESUME. Please give your accurate, complete full- and part-time employment record. * Start with your present or most recent employer. If you held more than one position at an organization, please list each position on a separate line. Attach a separate sheet if necessary.

*Starting pay rates are computed using this information- Include all past employment and explain gaps in employment.

COMPANY NAME	DATES	JOB TITLE	RESPONSIBILITIES	REASON FOR LEAVING	May we contact this employer?	Office use only
CITY, STATE	(MO/YR)	SUPERVISOR(S)	List the major job duties you performed	List the reason you left this job		
PHONE:	Starting month/year Ending month/year	# HOURS WORKED PER WEEK				

YOUR WORK HISTORY. Begin with your current or most recent employer.

1		From:				YES	
	()	To:				NO	
2		From:				YES	
	()	To:				NO	
3		From:				YES	
	()	To:				NO	
4		From:				YES	
	()	To:				NO	
5		From:				YES	
	()	To:				NO	
6		From:				YES	
	()	To:				NO	
7		From:				YES	
	()	To:				NO	

Options is excited that you have chosen us for possible employment. Listed below are brief descriptions of our services and, in addition to the application, questions that we would request you complete, which allow us to partner your ability and availability.

Options is a nonprofit organization founded in 1982 by parents who had a vision to serve individuals with developmental disabilities. These families thought smaller, more personal homes would provide their children a better quality of life than institutions or nursing homes. As we grow, we keep that original vision in sight.

Core Services

Community Living Options

Options provides services to more than 200 children and adults with disabilities through a variety of residential settings. These services are designed so that individuals live where and with whom they want. Services are provided in the individual's home or in one of our two group homes.

Employment Options

Options supports individuals with disabilities to find and keep jobs in their communities. Using a team approach, the agency provides job-seeking skills, job placement, long-term career development services and ongoing support. Options assists employers in meeting their ongoing workforce needs by matching people to jobs.

Continuing Education Options

Continuing Education Options (CEO) is a group community-based habilitation service that provides people with disabilities opportunities to make choices, create a community presence, and develop friendships. CEO offers some of these daily activities: cooking, swimming, music, touring, walking, arts and crafts, movies, going to lunch, health and safety, computers, and more. CEO can supplement other services in which Options customers participate, such as Employment or Community Living.

Technology Options

Currently in development, Options is working with Night Owl Support Systems to establish a monitoring and response service provided by professional staff between the hours of 9:00pm to 7:00am to individuals living in the community. Using cellular and web-based technology, the service delivers nontraditional residential support, resulting in increased or maintained independence. More than just a push button support system, Technology Options builds long-term relationships with each participant, allowing for a familiarity with the monitors and the responding staff.

Support Services

Behavior Support

Options defines Behavior Support as training, supervision, or assistance in the expression of emotions and desires, and assertiveness or acquisition of socially appropriate behaviors. This service also includes training and consultation with staff, family members, roommates and others.

Health Care Coordination

Health Care Coordination provides a medical professional to coordinate health care services. The service ensures that everyone who provides medical services to a customer are informed about that person's unique support needs. Options staff works with the individual and his or her team to promote and maintain a healthy lifestyle.

Respite

Respite refers to short-term, temporary support to people with disabilities so that their families can take a break from the daily routine of care giving. Raising a child with disabilities can be a very rewarding experience, yet it can also be a very exhausting task. When a parent becomes consumed and overwhelmed with caring for their special child, the child's well-being may be at risk as well as the parent's. Respite service staff work with the family to lessen the pressures that may lead to institutionalization, divorce, neglect, or child abuse.

Options services are comprehensive and focused on the individual and their needs, not a set menu. Options works cooperatively with other area service providers to ensure minimal duplication. We value excellence, customer-service, and using a team approach.

Date you are available to start employment: _____

Availability: check all that apply. Your application will not be processed further unless this is completed.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evenings							
Overnight							

Would you be willing to provide transportation for the individual(s) you might support for events like community outings or medical appointments? Yes No

If No, please explain: _____

Would you be willing to make a commitment to attend paid training if offered a position? Yes No

Do you have a computer with Internet access? _____

Have you ever been convicted of a crime? Yes No

If Yes, please explain: _____

I agree to provide the following if offered employment: Local criminal history(ies), driver's license, proof of eligibility to work in the U.S. (social security card, passport, birth certificate, or green card), satisfactory driving record, verification of current automobile insurance, tuberculosis test and results, high school diploma or equivalent, college degree, if required for position.

As with the attached application, I certify that the information provided in this document is true and complete to the best of my knowledge. I understand that misrepresentation or false or omitted facts will be sufficient cause for my dismissal, regardless of the time of discovery by the Agency.

Applicant Signature

Date

Education and Training Skills

Do you have a high school diploma or GED? YES NO

Please complete table below.

High School City, State	Did you Graduate? (yes/no)			Office Use Only
College or Trade/Business School City, State		Degree/Highest level completed	Major Coursework	

List any professional certifications, completed training courses, special training, or other job skills you possess:

Do you have personal or professional experience with people with disabilities? _____ If yes, please explain:

<i>Location(s) you prefer</i>		<i>How many hours/week are you available?</i>	
Monroe County		Full-time (36-40 hours/week)	
Lawrence County		Part-time (10-35 hours/week)	
Owen County		Part-time (Flexible, as needed)	
Brown County			
Greene County			
Bartholomew County			
Morgan County			

Personal References: Provide the names of three persons we may contact.

Name	Relationship (Do not include former employers or relatives)	Phone Number	Office Use Only
		()	
		()	
		()	

Certification:

"I certify that the information in this application is true and complete. I understand that misrepresentations or false or omitted facts will be sufficient cause for my dismissal, regardless of the time of discovery by the Agency. I also understand that, if hired, my employment is 'at-will' and for no definite time period. Either party may terminate the employment relationship at any time with or without notice.

I hereby authorize investigation of the statements contained herein and I hereby authorize the references provided in this application and all of my prior employers contacted by Options in connection with this application to fully respond to all inquiries concerning me and my prior employment, and I specifically waive prior written notice of disclosure of personnel record information, including, but not limited to, disciplinary reports, letters of reprimand, or other disciplinary action. I authorize my prior employers to provide Options with all information concerning my previous employment and any pertinent information such references may have, personal or otherwise. In consideration of the acceptance of my application for review by Options, I release the Agency and all other parties, including, but not limited to, my prior employers, from any claimed liability arising out of this application and/or any response, statement, or disclosure made by them."

Indiana state law requires Options to assure that no employee, owner or operator and/or contractor has been convicted of offenses listed in 460 IAC 6-10-5, 460 IAC 6-16-2(b)(2). Applicants are therefore required to read and sign the following declaration:

"I declare that I have never committed an act of abuse or fraud in relationship to a dependent person. I declare that I have never knowingly violated applicable rules or laws in any previous employment in residential health care or related employment. I declare that I have not been convicted of a sex crime; rape; battery; neglect; abuse; exploitation of an endangered adult or of a child; failure to report battery, neglect, or exploitation of an endangered adult or of a child, theft (if the conviction occurred less than ten (10) years before my employment application date); criminal conversion; criminal deviate conduct; murder; voluntary manslaughter; involuntary manslaughter; or an offense related to alcohol or a controlled substance. I declare that I have never committed an act of abuse or fraud with Medicaid or Medicare. I have never been listed with a "finding" on the State Nurse Aide Registry of the Indiana State Department of Health. I understand that evidence to the contrary discovered at any time during employment will be grounds for immediate dismissal.

I understand that due to the above state law and Options automobile regulation, Options will conduct a criminal history and driving record check if I am offered a position. I understand that employment may be terminated if my driver's license is revoked or if I accumulate 6 or more points on my license at any time during my employment."

Signature

Date



For Office Use Only:

Position Offered/Program: _____

Reason Not Offered or Reason Applicant Declined Offer: _____

Revised 10/11